

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-212606</b>	Date Filed <b>March 15, 2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Charter Communications - NY 1	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 75 9th Ave, New York, NY 10011
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<b>3a. Employer Representative - Name and Title</b> Patrick Butler, Esq. - Kauff, McGuire & Margolis	<b>3b. Address</b> (If same as 2b - state same) 950 Third Avenue, 14th Floor, New York, NY 10022
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<b>3c. Tel. No.</b> (212) 909-0714	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (212) 909-3514	<b>3f. E-Mail Address</b> butler@kmm.com
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<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Television Station	<b>4b. Principal product or service</b> Broadcasting	<b>5a. City and State where unit is located:</b> New York, NY
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time, regular part-time, and per diem broadcast engineers and technicians employed by the employer in its Technical Operations Department, including, but not limited to engineers and technicians employed in titles of Studio Operations personnel, Technical Directors, Engineer Assistants, Media Input Editors, Broadcast Engineers, Tape Librarians, Master Control Operators, Programming Operations Operators, Truck Operators/Photographers, and System Engineers, as well as Video Editors, and Videographers in the employer's Local News Content Department.	<b>6a. No. of Employees in Unit:</b> 80
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**Excluded:** All other employees, casual employees, clerical and office workers, guards, professional employees, and supervisors as defined by the Act.

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 12/27/2017 **and Employer declined recognition on or about** \_\_\_\_\_ (Date) (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> January 31, 2018	<b>11c. Election Time(s):</b> 11:30-1:30 p.m.; 3:30-5:30 p.m.; 7:00-9:00 p.m.	<b>11d. Election Location(s):</b> Break Room of NY1, 75 9th Ave., 8th Floor, New York, NY 10011
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<b>12a. Full Name of Petitioner</b> (Including local name and number) Ralph Avigliano - Business Manager, IBEW Local 1212	<b>12b. Address</b> (street and number, city, state, and ZIP code) 225 West 34th Street, New York, NY 10122
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Brotherhood of Electrical Workers

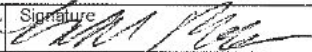
<b>12d. Tel No.</b> 212 364-6770	<b>12e. Cell No.</b> 917 991-0011	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ro@ibew1212.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Michael Bosso, Esq. - Attorney	<b>13b. Address</b> (street and number, city, state, and ZIP code) 100 Crossways Park Drive West, Suite 200, Woodbury, New York 11797
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<b>13c. Tel No.</b> 516-248-5757	<b>13d. Cell No.</b> 516-313-1757	<b>13e. Fax No.</b> 516-742-1765	<b>13f. E-Mail Address</b> mcb@cohmiaw.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Michael Bosso	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> January 8, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE  
Case No. **02-RC-212650** Date Filed **1/8/18**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Universal Cable Productions LLC dba NBCUniversal</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>30 Rockefeller Plaza, New York, NY 10112-0015</b>	
3a. Employer Representative - Name and Title <b>J. Keith Gorham</b>		3b. Address (if same as 2b - state same) (same)	
3c. Tel. No. <b>818-777-2262</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>keith.gorham@nbcuni.com</b>

4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Film &amp; TV Production Studio</b>	4b. Principal product or service <b>Film &amp; TV</b>	5a. City and State where unit is located: <b>New York, NY</b>
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5b. Description of Unit Involved  
**Included: All Parking Production Assistants in New York City.**  
**Excluded: All others, including supervisors, managerial employees, and confidential employees, as defined by the Act.**

6a. No. of Employees in Unit:  
approx. 170  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **11-8-2017** and Employer declined recognition on or about **11-16-2017** (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). (none)		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): <b>01/23/2018</b>	11c. Election Time(s): <b>9am to 5pm</b>	11d. Election Location(s): <b>Broadway Stage, Long Island City, NY</b>
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12a. Full Name of Petitioner (including local name and number) <b>Communications Workers of America</b>	12b. Address (street and number, city, state, and ZIP code) <b>80 Pine Street, 37th Floor</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
(same - International union is the petitioner)


12d. Tel No. <b>212-344-2515</b>	12e. Cell No.	12f. Fax No. <b>212-425-2947</b>	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Nick Hanlon, District Counsel</b>		13b. Address (street and number, city, state, and ZIP code) <b>80 Pine Street, 37th Floor</b>	
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13c. Tel No. <b>212-344-2515</b>	13d. Cell No.	13e. Fax No. <b>212-425-2947</b>	13f. E-Mail Address <b>nhanlon@cwa-union.org</b>
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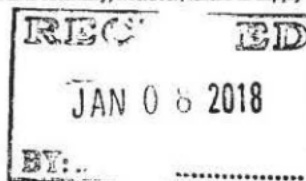
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Nick Hanlon</b>	Signature 	Title <b>District Counsel</b>	Date <b>01/08/2017</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.





UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	02-RC-213029
Date Filed	1/11/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Rosalyn Yalow Charter School</b>	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>116 East 169th Street, Bronx, New York 10452</b>
3a. Employer Representative - Name and Title <b>Alec H. Diacou, Founder and Executive Director</b>	3b. Address (If same as 2b - state same) <b>116 East 169th Street, Bronx, New York 10452</b>
3c. Tel. No. <b>(347) 735-5480</b>	3d. Cell No.
3e. Fax No.	3f. E-Mail Address <b>alec.diacou@yalowcharter.org</b>

4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Charter School</b>	4b. Principal product or service <b>Education</b>	5a. City and State where unit is located: <b>Bronx, New York</b>
5b. Description of Unit Involved Included: <b>All teachers, including classroom teachers, special education teachers, teacher-social workers, ELL and ENL teachers, and all teacher assistants.</b> Excluded: <b>All other employees, including supervisors.</b>		6a. No. of Employees in Unit: <b>33</b>
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>1/11/18</b> and Employer declined recognition on or about <b>No reply</b> (Date) (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>	8b. Address

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): <b>1/24/18</b>	11c. Election Time(s): <b>12-2</b>
11d. Election Location(s): <b>Rosalyn Yalow Charter School</b>	

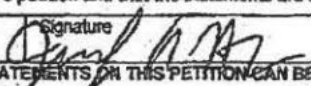
12a. Full Name of Petitioner (Including local name and number) <b>United Federation of Teachers, Local 2, AFT, AFL-CIO</b>	12b. Address (street and number, city, state, and ZIP code) <b>52 Broadway, New York, New York 10004</b>
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) <b>American Federation of Teacher, AFL-CIO</b>	

12d. Tel. No. <b>212-777-7500</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Jennifer A. Hogan (Law Office of)</b>	13b. Address (street and number, city, state, and ZIP code) <b>52 Broadway, 9th Floor, New York, New York 10004</b>
13c. Tel. No. <b>212-533-6300, ext. 131</b>	13d. Cell No.
13e. Fax No. <b>212-228-9253</b>	13f. E-Mail Address <b>jahogan@nysutmail.org</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Jennifer A. Hogan</b>	Signature 	Attorney <b>Attorney</b>	Date <b>January 11, 2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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**RECEIVED**

**JAN 11 2018**

**BY: .....**



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-213180

Date Filed 1/18/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Brightside Academy		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 960 Intervale Avenue, Bronx, NY 10459	
3a. Employer Representative - Name and Title Shakira Stackhousen, Director		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 718-991-5465	3d. Cell No.	3e. Fax No. 718-991-5472	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Day Care		4b. Principal product or service Child care	
5a. City and State where unit is located: Bronx, NY		5b. Description of Unit Involved Included: All part-time and full-time Lead Teachers, Teachers Assistants, cooks, janitors, family advocates/ family workers. Excluded: All supervisors, security guards, and confidential employees as specified by the Act.	
6a. No. of Employees in Unit: 14		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 1/15/2018 and Employer declined recognition on or about 1/15/2018 (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
NONE

10a. Name	10b. Address JAN 18 2018	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): January 24, 2018	11c. Election Time(s): 12:30-1:30pm	11d. Election Location(s): Room 6A, 3, or 10	
12a. Full Name of Petitioner (including local name and number) District Council 1707, AFSCME		12b. Address (street and number, city, state, and ZIP code) 420 W 45th Street, New York, NY 10036	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of State, County & Municipal Employees			
12d. Tel No. 212-219-0022	12e. Cell No.	12f. Fax No.	12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Thomas M. Murray		13b. Address (street and number, city, state, and ZIP code) 900 Third Avenue, 21st Floor, New York, NY 10022	
13c. Tel No. 212-356-0225	13d. Cell No. 646-734-8447	13e. Fax No. 646-473-8290	13f. E-Mail Address tmurray@cwsny.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Thomas M. Murray	Signature <i>Thomas M. Murray</i>	Title Counsel	Date 1/17/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-213284

Date Filed

1-19-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
**ACURA OF WESTCHESTER**

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
**2155 PALMER AVENUE, LARCHMONT, NEW YORK 10538**

3a. Employer Representative - Name and Title  
**George D'Angelo, Owner / Kenny Hicks, GM**

3b. Address (if same as 2b - state same)  
**same**

3c. Tel. No.  
**914-834-2112**

3d. Cell No.

3e. Fax No.  
**914-833-2499**

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
**AUTO DEALERSHIP**

4b. Principal product or service  
**AUTO SALES AND SERVICE**

5a. City and State where unit is located:  
**LARCHMONT, NEW YORK**

5b. Description of Unit Involved

**Included: All regular full time and regular part-time service technicians.**

**Excluded: All other employees, including, but not limited to Parts department, sales officer, clerical, guards and supervisors as defined in the Act.**

6a. No. of Employees in Unit:

**17**

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

☐

7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (if no reply received, so state).

☐

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating?

(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
**Wednesday, February 7, 2018**

11c. Election Time(s):  
**11:45 a.m. to 12:45 p.m.**

11d. Election Location(s):  
**Locker room**

12a. Full Name of Petitioner (including local name and number)  
**United Service Workers Union, Local 355, IUJAT**

12b. Address (street and number, city, state, and ZIP code)  
**138-50 Queens Boulevard, Briarwood, NY 11435**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Union of Journeymen and Allied Trades**

12d. Tel No.  
**718-658-4848**

12e. Cell No.

12f. Fax No.  
**718-523-4732**

12g. E-Mail Address  
**dippolitoN@iujat.org**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
**Gary P. Rothman, Esq.**

13b. Address (street and number, city, state, and ZIP code)  
**Rothman Rocco LeRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523**

13c. Tel No.  
**914-478-2801**

13d. Cell No.

13e. Fax No.  
**914-478-2913**

13f. E-Mail Address  
**grothman@rothmanrocco.com**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
**Gary P. Rothman**

Signature

Title  
**Attorney for Local 355, USWU, IUJAT ("Union")**

Date  
**January 18, 2018**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-214273</b>	Date Filed <b>2/5/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Grand Central Partnership		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 122 E 42nd street New York N.Y. 10168	
<b>3a. Employer Representative - Name and Title</b> Rochelle Patricof		<b>3b. Address (if same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> 212-883-2422	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> rpatricof@gcpbid.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Grand Central Bid		<b>4b. Principal product or service</b> Security	
<b>4c. City and State where unit is located:</b> New York, N.Y.			

<b>5a. Description of Unit Involved</b> Included: All full-time regular and part-time regular officers.  Excluded: All other employees as defined in the act.		<b>5b. No. of Employees in Unit:</b> 30
		<b>5c. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input type="checkbox"/> No <input type="checkbox"/></b>

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date)** N/A **and Employer declined recognition on or about** \_\_\_\_\_ **(Date) (if no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> Security, Police and Fire Professional of America		<b>8b. Address</b> 75 E Cherry street, suite 8A Rahway, N.J. 07065	
<b>8c. Tel No.</b> 215-879-1832	<b>8d. Cell No.</b> 215-519-0298	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> willie-jones@comcast.net
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> April 30, 2018

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☐ If so, approximately how many employees are participating? \_\_\_\_\_  
**(Name of labor organization)** \_\_\_\_\_ **has picketed the Employer since (Month, Day, Year)** \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> February 22, 2018	<b>11c. Election Time(s):</b> 2pm-4pm	<b>11d. Election Location(s):</b>
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<b>12a. Full Name of Petitioner (including local name and number)</b> Special and Superior Officers Benevolent Association	<b>12b. Address (street and number, city, state, and ZIP code)</b> 199 North Wellwood Avenue Lindenhurst, NY 11757
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Special and Superior Officers Benevolent Association

<b>12d. Tel No.</b> 631-587-9116	<b>12e. Cell No.</b> 917-636-2845	<b>12f. Fax No.</b> 631-587-3780	<b>12g. E-Mail Address</b> Arturo@ssoba.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Arturo Urena / Organizer		<b>13b. Address (street and number, city, state, and ZIP code)</b> 199 North Wellwood Lindenhurst, NY 11757	
<b>13c. Tel No.</b> 631-587-9116	<b>13d. Cell No.</b> 917-636-2845	<b>13e. Fax No.</b> 631-587-3780	<b>13f. E-Mail Address</b> Arturo@ssoba.com

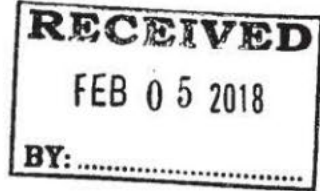
**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Arturo Urena	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 2/5/2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.





UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-214453

Date Filed

2-8-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
456 West 19th St Condominium LLC

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
456 West 19th, New York, NY 10011

**3a. Employer Representative - Name and Title**  
Nancy Candelario

**3b. Address** (If same as 2b - state same)  
629 FIFTH AVE. SUITE 216, PELHAM, NY 10803

**3c. Tel. No.**  
914-365-2350

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
nancy@nmcmanagement.com

**4a. Type of Establishment** (Factory, mine, wholesaler, etc.)  
Residential building

**4b. Principal product or service**  
Building services

**5a. City and State where unit is located:**  
New York, NY 10011

**5b. Description of Unit Involved**  
Included: all building service workers  
Excluded: statutory supervisors and guards

**6a. No. of Employees in Unit:**  
3 4

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent** (If none, so state).  
None

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any** (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO If so, approximately how many employees are participating?  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
3/01/18

**11c. Election Time(s):**  
3:30 pm - 4:30 pm

**11d. Election Location(s):**  
Locker Room

**12a. Full Name of Petitioner (including local name and number)**  
SEIU LOCAL 32BJ

**12b. Address (street and number, city, state, and ZIP code)**  
25 West 18th Street New York, N.Y. 10011

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
SEIU LOCAL 32BJ

**12d. Tel No.**  
212 388-3800

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Melo Vasquez, Organizer

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel No.**

**13d. Cell No.**  
917-622-2221

**13e. Fax No.**

**13f. E-Mail Address**  
cvasquez@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Melo Vasquez

**Signature** 

**Title**  
Organizer

**Date**  
02/02/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
02-RC-214700	2/13/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer 77 Reade Street Condominium		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 77 Reade Street, New York, NY, 10007	
3a. Employer Representative - Name and Title Midboro Management		3b. Address (If same as 2b - state same) 333 7th Avenue, 5th Floor, New York, NY 10001	
3c. Tel. No. 212-877-8500	3d. Cell No.	3e. Fax No. 212-875-0808	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	5a. City and State where unit is located: New York, NY 10013
5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors, including superintendents			6a. No. of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
Nearest Friday  
11c. Election Time(s):  
2:45pm-3:45pm  
11d. Election Location(s):  
Locker room

12a. Full Name of Petitioner (including local name and number)  
SEIU LOCAL 32BJ  
12b. Address (street and number, city, state, and ZIP code)  
25 West 18th Street New York, N.Y. 10011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
SEIU LOCAL 32BJ

12d. Tel. No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Katchen Locke, Attorney		13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011	
13c. Tel. No. 212 539 2941	13d. Cell No.	13e. Fax No.	13f. E-Mail Address Klocke@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Katchen Locke	Signature 	Title Attorney	Date 2/12/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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RECEIVED  
NLRB  
REGION 2  
NEW YORK, NY  
2018 FEB 13 AM 10:49



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-214702

Date Filed

2-12-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Besure Health Services Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 736 Allerton Avenue, Ste. 207 Bronx NY 10467	
3a. Employer Representative - Name and Title Valerie Henry		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 718-708-7977	3d. Cell No.	3e. Fax No. 718-708-7959	3f. E-Mail Address valeriehenry@besurehomehealth.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Home Care Provider		4b. Principal product or service Health Care	5a. City and State where unit is located: Bronx NY
5b. Description of Unit Involved Included: See attachment  Excluded:			6a. No. of Employees in Unit: 100  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): March 5, 2018	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number)  
1199SEIU United Healthcare Workers East

12b. Address (street and number, city, state, and ZIP code)  
330 West 42nd street, 15th Floor New York, NY 10036

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Service Employees International Union

12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Onika Shepherd-Bernabe - Vice President

13b. Address (street and number, city, state, and ZIP code)  
330 West 42nd street, 15th Floor New York NY 10036

13c. Tel No. 212-603-1700

13d. Cell No. 646-996-5463

13e. Fax No. 212-603-1773

13f. E-Mail Address onikas@1199.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Onika Shepherd

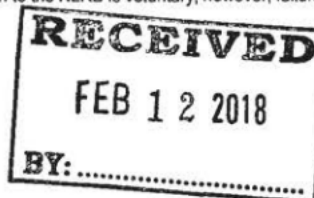
Title Vice President

Date February 12, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



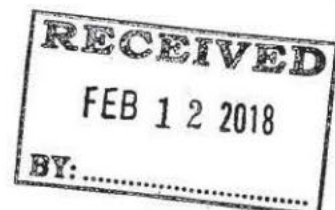
Attachment to Petition

Included:

All Full and regular part-time employees home health aides employed by the employer at 736 Allerton Avenue Bronx, NY 10467.

Excluded:

All other employees, supervisors and guards as defined in the act.





UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-214833	Date Filed 2-13-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
U.J. Cassone Bakery

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
202 South Regent St. Port Chester, NY 10573

3a. Employer Representative - Name and Title  
Mary Lou Cassone - CEO

3b. Address (if same as 2b - state same)  
Same as above.

3c. Tel. No.  
914-939-1568

3d. Cell No.

3e. Fax No.  
914-939-3811

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Whole Sale Bakery

4b. Principal product or service  
Bread, Danish, baked Goods

5a. City and State where unit is located:  
Port Chester, NY

5b. Description of Unit Involved  
Included: All Full-Time & Part-Time Employees in Production, Pkging maintenance, Sanitation, drivers in Depts.  
Excluded:

6a. No. of Employees in Unit:  
180

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).  
NONE

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
Feb 27th, 2018

11c. Election Time(s):  
1-5 PM; 8:30 PM to 9:30 PM

11d. Election Location(s):  
Private Room next to Lunch Room

12a. Full Name of Petitioner (including local name and number)  
I BEW Local 1430

12b. Address (street and number, city, state, and ZIP code)  
84 Business Park Drive, Armonk, NY - Suite 202.

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
I BEW

12d. Tel No.  
914-948-3771

12e. Cell No.  
631-559-5045

12f. Fax No.  
914-948-3361

12g. E-Mail Address  
Sgonzalez@1430ibew.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Samuel Gonzalez / President

13b. Address (street and number, city, state, and ZIP code)  
Same as above. 84 Business PK. Drive

13c. Tel No.  
914-948-3771

13d. Cell No.  
631-559-5045

13e. Fax No.  
914-948-3361

13f. E-Mail Address  
Sgonzalez@1430IBEW.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Samuel Gonzalez

Signature  
Samuel Gonzalez

Title  
President

Date  
2/13/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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FEB 13 2018

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
<b>02-RC-216436</b>	<b>3/13/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit in original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Castle Hill Electrical Supply Corp.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>2070 Westchester Ave, Bronx, NY, 10462</b>	
3a. Employer Representative - Name and Title <b>Mike Rizzo, President/CEO</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>718-822-6400</b>	3d. Cell No. <b>Unknown</b>	3e. Fax No. <b>718-824-9214</b>	3f. E-Mail Address <b>mr@castlehillelectrical.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Wholesaler</b>	4b. Principal product or service <b>Electrical Supplies</b>		5a. City and State where unit is located: <b>Bronx, NY</b>
5b. Description of Unit Involved <b>Included:</b> All non-manager, rank-and-file employees working in the following capacities: ins de sales, counter personnel, accounts payable, order picking, warehouse, and driving <b>Excluded:</b> Key Office Personnel, All officers, partners, supervisors, managers, security guards, and confidential employees			6a. No. of Employees in Unit:  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **3/12/2018** and Employer declined recognition on or about **3/12/2018** (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_


10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>3/16/2018; 3/23/2018; 3/30/2018</b>	11c. Election Time(s): <b>2:00PM-4:00PM</b>	11d. Election Location(s): <b>Castle Hill Electrical Supply, 2070 Westchester Ave, Bronx, NY, 10462</b>	
12a. Full Name of Petitioner (including local name and number) <b>International Brotherhood of Electrical Workers, Local Union #3</b>		12b. Address (street and number, city, state, and ZIP code) <b>158-11 Jewel Ave, Flushing, NY, 11365</b>	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Brotherhood of Electrical Workers</b>			
12d. Tel No. <b>347-559-2795</b>	12e. Cell No. <b>347-559-2795</b>	12f. Fax No. <b>718-591-4076</b>	12g. E-Mail Address <b>jgoldstein@local3ibew.org</b>

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>Jonathan Goldstein, Organizer</b>		13b. Address (street and number, city, state, and ZIP code) <b>158-11 Jewel Ave, Flushing, NY, 11365</b>	
13c. Tel No. <b>718-591-4000</b>	13d. Cell No. <b>347-559-2795</b>	13e. Fax No. <b>718-591-4076</b>	13f. E-Mail Address <b>jgoldstein@local3ibew.org</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Jonathan Goldstein</b>	Signature 	Title <b>Organizer</b>	Date <b>3/13/2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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**MAR 13 2018**



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-217171</b>	Date Filed <b>3-26-18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
**Hale & Hearty Soups**

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
**55 Grand Central Terminal, New York, New York 10017**

**3a. Employer Representative - Name and Title**

**3b. Address (if same as 2b - state same)**

**3c. Tel. No.**

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

**Retail Food**

**4b. Principal product or service**

**Soups and Salads**

**5a. City and State where unit is located:**

**New York, New York**

**5b. Description of Unit Involved**

**Included: All full-time and part-time employees**

**Excluded: All supervisors and temporary employees**

**6a. No. of Employees in Unit:**

**26**

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).**

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**

**(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_**

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.**

**11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail**

**11b. Election Date(s):**

**11c. Election Time(s): 9:30 am - 11:30 am**

**11d. Election Location(s): 55 Grand Central Terminal, NY, NY**

**12a. Full Name of Petitioner (including local name and number)**

**United Food & Commercial Workers, Local 1500**

**12b. Address (street and number, city, state, and ZIP code)**

**425 Merrick Av., Westbury, NY 11590**

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

**United Food & Commercial Workers International Union**

**12d. Tel. No.**

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

**202-223-3111**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title John S. Groarke, Esq.**

**13b. Address (street and number, city, state, and ZIP code)**

**100 Crossways Park Dr. West, Ste 200, Woodbury, NY 11797**

**13c. Tel. No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

**516-248-5757**

**516-742-1765**

**jsg@cohmlaw.com**

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

**Signature**

**Title**

**Date**

**John S. Groarke**

**Attorney**

**3-23-18**

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-218128</b>	Date Filed <b>4-9-18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>NBCUniversal Media, LLC</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>30 Rockefeller Center, Campus 620/482, New York, New York 10112</b>	
3a. Employer Representative - Name and Title <b>Jason Laks, Senior Vice President, Labor Relations</b>		3b. Address (If same as 2b - state same) <b>Same.</b>	
3c. Tel. No. <b>212-664-3291</b>	3d. Cell No. <b>N/a</b>	3e. Fax No. <b>212-887-5964</b>	3f. E-Mail Address <b>Jason.Laks@nbcuni.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Media/Entertainment</b>		4b. Principal product or service <b>Television Production</b>	
5a. City and State where unit is located: <b>New York, New York</b>		5b. Description of Unit Involved <b>Included: See Attachment A.</b> <b>Excluded: See Attachment A.</b>	

6a. No. of Employees in Unit: <b>~42</b>
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 4/9/2018 and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None.</b>		8b. Address <b>N/a</b>	
8c. Tel. No. <b>N/a</b>	8d. Cell No. <b>N/a</b>	8e. Fax No. <b>N/a</b>	8f. E-Mail Address <b>N/a</b>
8g. Affiliation, if any <b>N/a</b>		8h. Date of Recognition or Certification <b>N/a</b>	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>N/a</b>			

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? **N/a**  
(Name of labor organization) **N/a**, has picketed the Employer since (Month, Day, Year) **N/a**

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None.**

10a. Name <b>N/a</b>	10b. Address <b>N/a</b>	10c. Tel. No. <b>N/a</b>	10d. Cell No. <b>N/a</b>
		10e. Fax No. <b>N/a</b>	10f. E-Mail Address <b>N/a</b>

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **5/4/2018**  
11c. Election Time(s): **To be determined.**  
11d. Election Location(s): **See 2b.**

12a. Full Name of Petitioner (including local name and number)  
**See Attachment B.**  
12b. Address (street and number, city, state, and ZIP code)  
**See Attachment B.**

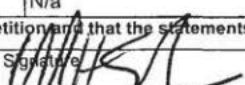
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**See Attachment B.**

12d. Tel. No. <b>See Attachment B.</b>	12e. Cell No. <b>See Attachment B.</b>	12f. Fax No. <b>See Attachment B.</b>	12g. E-Mail Address <b>See Attachment B.</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title <b>Max Sicherman</b>		13b. Address (street and number, city, state, and ZIP code) <b>Local 11, NABET-CWA, 145 West 30th Street, 12th Floor, New York, New York 10001</b>	
13c. Tel. No. <b>212-757-3065</b>	13d. Cell No. <b>N/a</b>	13e. Fax No. <b>212-246-7780</b>	13f. E-Mail Address <b>msicherman@nabetlocal11.org</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Max Sicherman</b>	Signature 	Title <b>General Counsel, Local 11, NABET-CWA</b>	Date <b>4/9/2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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APR 09 2018

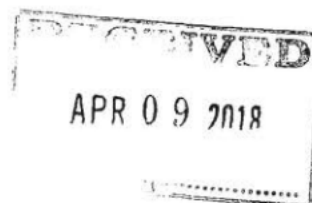


ATTACHMENT "A"

**5b. Description of Unit Involved:**

**Included:** All full time and regular part time ArtWorks Team employees, including but not limited to Graphic Design Engineers, VizRt Artists, Motion Graphic Artists, Senior Motion Graphic Artists, Graphics Coordinators, Graphic Animators, Senior Graphic Animators, Viz Techs, Real Time Graphic Specialists, and Real Time Graphic Programmers, except employees currently working under the NABET-CWA/NBCU Collective Bargaining Agreement.

**Excluded:** All other employees including office clerical employees, managers, maintenance employees, guards, professional employees, and supervisors as defined by the Act.



**ATTACHMENT "B"**

**12a. Full Name of Petitioner** - National Association of Broadcast Employees and Technicians, the Broadcasting and Cable Television Workers Sector of the Communications Workers of America, AFL-CIO-CLC

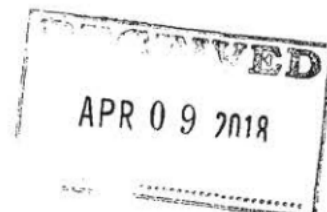
**12b. Address** - 501 3rd St NW, 6<sup>th</sup> Fl., Washington, DC 20001

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** – See 12a.

**12d. Tel No.** – 202-434-1234 (Judi Chartier, Esq., General Counsel, NABET-CWA)

**12e. Cell No.** – N/A

**12g. E-Mail Address** – jchartier@cwa-union.org





UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-218657</b>	Date Filed <b>4-18-18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Organix Recycling, LLC</b>		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) <b>19065 Hickory Creek Drive #240, Mokena, IL 60448</b>	
3a. Employer Representative - Name and Title <b>Larrie Roberts, Northeast Regional Manager</b>		3b. Address (if same as 2b - state same)	
3c. Tel. No. <b>312-343-5669</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>lroberts@organixrecycling.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Transportation</b>		4b. Principal product or service <b>Food Waste Recycling</b>	
5a. City and State where unit is located: <b>Cortlandt Manor, New York</b>		5b. No. of Employees in Unit: <b>3</b>	
5b. Description of Unit Involved <b>Included: All full-time and regular part-time drivers and route drivers employed by the Employer working out of the Cortlandt Manor location</b> <b>Excluded: Managers, supervisors, professional employees, and guards as defined in the Act, and all other employees</b>		6a. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>None</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)  
**None**

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.							
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail							
11b. Election Date(s): <b>5/1/18</b>		11c. Election Time(s): <b>12pm - 2pm</b>		11d. Election Location(s): <b>2 Bayview Rd., Cortlandt Manor, New York 10567</b>			
12a. Full Name of Petitioner (Including local name and number) <b>Teamsters Local 456</b>				12b. Address (street and number, city, state, and ZIP code) <b>160 South Central Ave, Elmsford, New York 10523</b>			

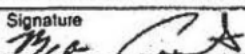
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Brotherhood of Teamsters**

12d. Tel No. <b>914-592-9500</b>	12e. Cell No.	12f. Fax No. <b>914-592-4266</b>	12g. E-Mail Address <b>DomCassanelli@teamsterslocal456.com</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Bryan T. Arnault, Esq.</b>		13b. Address (street and number, city, state, and ZIP code) <b>Franklin Center, Suite 300, 443 North Franklin Street, Syracuse, New York 13204</b>	
13c. Tel No. <b>315-422-7111</b>	13d. Cell No.	13e. Fax No. <b>315-471-2623</b>	13f. E-Mail Address <b>blarnault@bklawyers.com</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Bryan T. Arnault</b>	Signature 	Title <b>Of Counsel</b>	Date <b>4/18/18</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**APR 18 2018**

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-218766</b>	Date Filed <b>4-19-18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner, and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Pier Sixty LLC</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>Chelsea Pier, Suite 300, NY, NY. 10011</b>	
3a. Employer Representative - Name and Title <b>Paul Gallen (General Manager)</b>		3b. Address (If same as 2b - state same) <b>Same as 2b</b>	
3c. Tel. No. <b>212-336-6036</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>pgallen@piersixty.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Hospitality (Catering)</b>		4b. Principal product or service <b>Food Services</b>	
5a. City and State where unit is located: <b>New York City</b>		6a. No. of Employees in Unit: <b>225</b>	
5b. Description of Unit Involved <b>Included:</b> All full time, part time, and on-call employees of Purchasing and Receiving Dept., Stewarding Dept., and Banquet Dep., servers, bartenders, coat check attendants, captains and supervisors. <b>Excluded:</b> All other employees, guards, managers, and clericals as defined by the act as amended.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number) <b>Teamsters Local Union 808</b>		12b. Address (street and number, city, state, and ZIP code) <b>5-28 51st Avenue, Long Island City, N.Y. 11101</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Brotherhood of Teamsters</b>			
12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>Chris Silvera, Principal Officer</b>		13b. Address (street and number, city, state, and ZIP code) <b>5-28 51st Avenue, Long Island City, N.Y. 11101</b>	
13c. Tel No. <b>718-389-1900</b>	13d. Cell No. <b>917-297-2241</b>	13e. Fax No. <b>718-389-2117</b>	13f. E-Mail Address <b>fitzverity@gmail.com</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Chris Silvera</b>	Signature 	Title <b>Principal Officer</b>	Date <b>4-18-18</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

APR 19 2018



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.	02-RC-219429	Date Filed	5-1-18
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Taxi Tours, Inc. d/b/a Big Bus Tours New York		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 712 7th Ave NY New York 10036-1520	
<b>3a. Employer Representative - Name and Title</b> Julia Conway		<b>3b. Address</b> (If same as 2b - state same) 723 7th Ave Fl 5 NY New York 10019-7461	
<b>3c. Tel. No.</b> (212) 685-8687	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> JuliaConway@bigbustours.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Transportation		<b>4b. Principal product or service</b> sightseeing	
<b>5a. City and State where unit is located:</b> New York, NY			

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:** 22

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date). (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals, known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):** Thursday

**11c. Election Time(s):** 7 a.m. to 5 p.m.

**11d. Election Location(s):** 712 7th Ave, New York, New York 10019

**12a. Full Name of Petitioner (including local name and number)**  
Steven C. Farkas  
Transport Workers Union Local 100, AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**  
100 Crossways Park Dr W Ste 200  
NY Woodbury 11797-2012

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Transport Workers Union of America, AFL-CIO

<b>12d. Tel No.</b> (516) 248-5757	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (516) 742-1765	<b>12g. E-Mail Address</b> scf@cohtmlaw.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Steven C. Farkas Colleran, O'Hara & Mills		<b>13b. Address (street and number, city, state, and ZIP code)</b> 100 Crossways Park Drive West Suite 200 NY Woodbury 11797-2012	
<b>13c. Tel No.</b> (516) 248-5757	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> scf@cohtmlaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Steven C. Farkas	<b>Signature</b> Steven C. Farkas	<b>Title</b>	<b>Date</b> 05/1/2018 16:38:41
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included  
street team leaders

Employees Excluded  
none

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-219429	5-1-18



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-219963 Date Filed 5-10-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original or this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer The Board of Managers of the One Morningside Park 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 321 West 110th Street, New York, NY 10026

3a. Employer Representative - Name and Title Derek McArthur, Property Manager 3b. Address (if same as 2b - state same) 622 3rd Ave., 15th Fl, New York, NY 10017

3c. Tel. No. 212-634-8919 3d. Cell No. 3e. Fax No. 646-786-2116 3f. E-Mail Address derek.mcarthur@fsresidential.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building 4b. Principal product or service Building services 5a. City and State where unit is located: New York, NY 10026

5b. Description of Unit Involved  
Included: All building service workers  
Excluded: Statutory guards and supervisors, including superintendents  
6a. No. of Employees in Unit: 6  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8b. Address

8c. Tel No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address

8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None

10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Nearest Wednesday 11c. Election Time(s): 3:00pm-5:00 pm 11d. Election Location(s): Mezzanine - Locker Room

12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ 12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIU LOCAL 32BJ

12d. Tel No. 212 388-3800 12e. Cell No. 12f. Fax No. 12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Katchen Locke, Attorney 13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011

13c. Tel No. 212 539 2941 13d. Cell No. 13e. Fax No. 13f. E-Mail Address Klocke@seiu32bj.org.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Katchen Locke Signature Title Attorney Date 5/8/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
02-RC-220800	5/23/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Empire City Casino/ Yonkers Racing Corp.		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 810 Yonkers Ave, Yonkers, NY 10704	
3a. Employer Representative - Name and Title Carolyn Tormina / or M Taylor		3b. Address (if same as 2b - state same) 810 Yonkers Ave. Yonkers ny 10704	
3c. Tel. No. 914-457-2650	3d. Cell No.	3e. Fax No. 914-457-2560	3f. E-Mail Address mtaylor@yonkersraceway.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino		4b. Principal product or service Surveillance	
4c. City and State where unit is located: Yonkers NY			

5b. Description of Unit Involved  
Included: All full time and regular part time Surveillance Operators.

6a. No. of Employees in Unit:  
11

Excluded: All guards, supervisors Managers as defined by the act.

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (if no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in the employees in the unit described in item 5b above. (if none, so state)

10a. Name MAY 23 2018	10b. Address	10c. Tel. No.	10d. Cell No.
10e. Fax No.	10f. E-Mail Address		

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 6/13/18  
11c. Election Time(s): 6:30am to 7:30am and 2:pm to 3:pm  
11d. Election Location(s): at casino

12a. Full Name of Petitioner (including local name and number)  
IBEW Local 1430  
12b. Address (street and number, city, state, and ZIP code)  
84 Business Park Drive / Suite 202

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood Electrical Workers

12d. Tel No. 914-948-3771	12e. Cell No. 631-559-5045	12f. Fax No. 914-948-3361	12g. E-Mail Address sgonzalez@1430ibew.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Samuel Gonzalez/President		13b. Address (street and number, city, state, and ZIP code) 84 Business Park Drive Suite 202 Armark, NY 10504	
13c. Tel No. 914-948-3771	13d. Cell No. 631-559-5045	13e. Fax No. 914-948-3361	13f. E-Mail Address sgonzalez@1430ibew.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Samuel Gonzalez	Signature 	Title President	Date 5-23-18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
02-RC-220895	5/25/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Good Samaritan Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) see attached rider	
3a. Employer Representative - Name and Title Kim Hirkaler, Director of Human Resources		3b. Address (If same as 2b - state same) 255 Lafayette Ave., Suffern, NY 10901	
3c. Tel. No. (845) 858-7161	3d. Cell No.	3e. Fax No. (845) 858-7418	3f. E-Mail Address Kim_Hirkaler@bshsi.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) acute care hospital		4b. Principal product or service health care	5a. City and State where unit is located: Suffern, New York
5b. Description of Unit Involved Included: All full-time and regular part-time, including per-diem, professional employees employed by the Employer. *Eligible employees include all employees who worked an average of at least 4 hours per week for the 13 weeks preceding the eligibility date. Excluded: All other employees, guards and supervisors as defined in the Act.			6a. No. of Employees in Unit: approximately 175 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): June 14, 2018	11c. Election Time(s): see attached rider	11d. Election Location(s): see attached rider
12a. Full Name of Petitioner (Including local name and number) 1199 SEIU United Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 99 Church St., 4th Fl., White Plains, NY 10601 attn: Anthony Peterson	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Service Employees International Union

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address anthonyap@1199.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title William S. Massey, Esq.	13b. Address (street and number, city, state, and ZIP code) Gladstein, Reif & Meginniss, LLP, 817 Broadway 5th Fl., NY, NY 10003		
13c. Tel. No. 212-228-7727	13d. Cell No.	13e. Fax No. 212-228-7654	13f. E-Mail Address wmassey@grmny.com

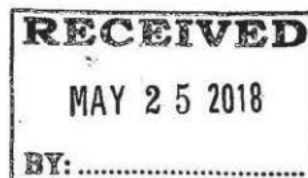
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) William S. Massey	Signature 	Title Attorney	Date May 25, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.





**Rider**

**2b. Addresses of the Establishments involved:**

- (1) 255 Lafayette Ave.  
Suffern, NY 10901
- (2) 90 Crystal Run Road  
Middletown, NY 10941
- (3) One Crosfield Ave.  
West Nyack, NY 10994

**11c. & 11d. Proposed Election Times and Locations:**

- (1) main hospital campus, 255 Lafayette Ave., Suffern, NY:  
Materials Management Conference Room on the 4<sup>th</sup> Floor:  
6:00 a.m. to 9:00 a.m.; 12:00 noon to 2:30 p.m.; and 4:00 p.m. to 6:30 p.m.
- (2) 90 Crystal Run Road, Middletown, NY: 2<sup>nd</sup> floor conference room:  
7:30 a.m. to 9:30 a.m.; and 2:30 p.m. to 4:30 p.m.
- (3) One Crosfield Ave., West Nyack, NY: 2<sup>nd</sup> floor conference room:  
7:30 a.m. to 9:30 a.m.; and 2:30 p.m. to 4:30 p.m.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
02-RC-221670	6/8/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Dominican College	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 470 Western Highway, Orangeburg, New York 10962
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3a. Employer Representative - Name and Title William Cianci - Director of Facilities	3b. Address (if same as 2b - state same) same
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3c. Tel. No. 845-359-4059	3d. Cell No. 914-403-6309	3e. Fax No. 845-259-2861	3f. E-Mail Address william.cianci@dc.edu
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Higher Education Facility	4b. Principal product or service Education	5a. City and State where unit is located: Orangeburg, New York
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5b. Description of Unit Involved Included: All full time and regular part time lead maintenance mechanics, maintenance mechanics, electricians and locksmiths Excluded: all office clerical employees, professional employees, guards and supervisors under the Act.	6a. No. of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 06/07/18 and Employer declined recognition on or about 06/08/2018 (Date) (if no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).	8b. Address
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? 2018 If so, approximately how many employees are participating? 2018  
(Name of labor organization) NEW YORK, NY has picketed the Employer since (Month, Day, Year) 2018

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 06/20/2018	11c. Election Time(s): 8am to 9am	11d. Election Location(s): Palisades Room in Casey Hall
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12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers Local 30	12b. Address (street and number, city, state, and ZIP code) 16-16 Whitestone Expressway, Whitestone, New York 11357
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Operating Engineers

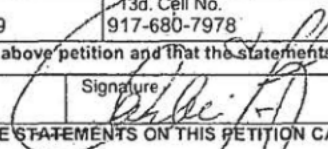
12d. Tel. No. 718-847-8484 extension 209	12e. Cell No. 917-680-7978	12f. Fax No. 718-805-2172	12g. E-Mail Address andrespuerta@luoelocal30.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Andres Puerta - Director of Special Projects	13b. Address (street and number, city, state, and ZIP code) 16-16 Whitestone Expressway, Whitestone, New York 11357
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13c. Tel. No. 718-847-8484 extension 209	13d. Cell No. 917-680-7978	13e. Fax No. 718-805-2172	13f. E-Mail Address andrespuerta@luoelocal30.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Andres Puerta	Signature 	Title Director of Special Projects	Date 06-08-2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-222435	Date Filed 6/21/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer BEEKMAN RESIDENCES CONDOMINIUM		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 115 Nassau Street, New York, NY 10038	
3a. Employer Representative - Name and Title Patrick Kennedy, Property Manager		3b. Address (If same as 2b - state same) 622 3rd Ave., 15th Fl, New York, NY 10017	
3c. Tel. No. 212 634-8919	3d. Cell No.	3e. Fax No. 646-786-2116	3f. E-Mail Address Rm@thebeekman.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	
5a. City and State where unit is located: New York, NY 10026			

5b. Description of Unit Involved  
Included: All building service workers  
Excluded: Statutory guards and supervisors, including superintendents

6a. No. of Employees in Unit:  
at least 6

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): Nearest Thursday	11c. Election Time(s): 2:30pm-3:30 pm	11d. Election Location(s): 33rd floor - Bike Room
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12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ	12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIU LOCAL 32BJ	
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12d. Tel No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Katchen Locke, Attorney		13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011	
13c. Tel No. 212 539 2941	13d. Cell No.	13e. Fax No.	13f. E-Mail Address Klocke@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Katchen Locke	Signature <i>Katchen Locke</i>	Title Attorney	Date 6/20/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-223265

Date Filed

7-6-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 5b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Aramark	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 837 Washington Street, New York, New York 10014
3a. Employer Representative - Name and Title: Lloyd Ball, General Manager	3b. Address (if same as 2b - state same): 5420 McIntosh Drive, Cumming, Georgia 30040

3c. Tel. No. 423 294-1275	3d. Cell No.	3e. Fax No.	3f. E-Mail Address: ball-andy@aramark.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.): Commercial building	4b. Principal Product or Service: Building and mechanical services	5a. City and State where unit is located: New York, New York
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5b. Description of Unit Involved: Included: any regular full time and part-time engineers and mechanics Excluded: All other employees including supervisors and guards as defined under the NLRA	5c. Number of Employees in Unit: 3	5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition. (If no reply received, so state)	None
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	

8a. Name of Recognized or Certified Bargaining Agent (if none, so state): None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address:
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No	If so, approximately how many employees are participating?
(Name of Labor Organization)	has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above: (If none, so state) None
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10a. Name:	10b. Address:	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address:

11. Election Details: if the NLRB conducts an election in this matter, state your position with respect to any such election:	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): July 23, 2018	11c. Election Time(s): 8:00-10:00 AM	11d. Election Location(s): 837 Washington Street, 6 Fl conference room
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12a. Full Name of Petitioner (including local name and number): Local 94-94A-94B	12b. Address (street and number, city, State and ZIP code):
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers
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12d. Tel. No. 212-586-7633	12e. Cell No.	12f. Fax No. 212-245-7886	12g. E-Mail Address: raymacco@local94.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding: 13a. Name and Title: Joseph Farelli, Attorney	13b. Address (street and number, city, State and ZIP code): Pitta LLP, 120 Broadway, 28 Fl., N.Y., N.Y. 10271
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13c. Tel. No. 212-652-3831	13d. Cell No. 917-498-2579	13e. Fax No. 212-652-3891	13f. E-Mail Address: jfarelli@pittalaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Joseph Farelli	Signature <i>Joseph Farelli</i>	Title Attorney	Date 7/2/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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FORM NLRB-902 (RC)  
(4-15)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
02-RC-223410Date Filed  
07/10/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC CERTIFICATION OF REPRESENTATIVE.** A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
**MONTAFIORE**

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
**2475 St. Raymond Ave 10461**

3a. Employer Representative - Name and Title  
**THERESA MANDARINO-NURSE Admin**

3b. Address (if same as 2b - state same)  
**SAME**

3c. Tel. No.  
**718-430-7300**

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
**HOSPITAL**

4b. Principal product or service  
**Health CARE**

5a. City and State where unit is located:  
**St. NY**

5b. Description of Unit Involved  
Included: **All full time & part time security officers employed**  
Excluded: **by the employer at said location (2475 St. Raymond Ave 10461)**

5c. No. of Employees in Unit:  
**9**

5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☐ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (if no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)  
**SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION**

8b. Address  
**199 North WELWOOD AVE LINDENHURST NY 11757**

8c. Tel. No.  
**631-587-9116**

8d. Cell No.

8e. Fax No.  
**631-587-3780**

8f. E-Mail Address

8g. Affiliation, if any  
**N/A - Not Known**

8h. Date of Recognition or Certification  
**MARCH 11, 2015**

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
**JUNE 30, 2018**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)  
**NONE**

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **8/6/18**

11c. Election Time(s): **7-8:30am 3:00pm-4:30pm**

11d. Election Location(s): **2475 St. Raymond Ave 10461 - CLASS ROOM**

12a. Full Name of Petitioner (including local name and number)  
**SPECIAL & SUPERIOR OFFICERS BENEVOLENT ASSOCIATION**

12b. Address (street and number, city, state, and ZIP code)  
**1707 UNIONPORT RD ST. NY 10462**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**NONE**

12d. Tel. No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
**RON BROWN V.P. OF ADMINISTRATION**

13b. Address (street and number, city, state, and ZIP code)  
**60 CHESUM PLACE SUITE 4-F NY 10037**

13c. Tel. No.  
**(212) 491-1386**

13d. Cell No.  
**917-499-2891**

13e. Fax No.  
**(212) 234-4429**

13f. E-Mail Address  
**V2C15P8@B.VIRIZON.NET**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
**RON BROWN**

Signature  
**Ron Brown**

Title  
**Vice President**

Date  
**7/5/18**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. This outline of uses of the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED  
NLRB  
REGION 2

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

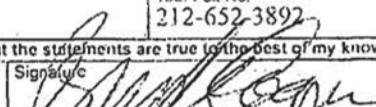
02-RC-223560

Date Filed

7/11/18

INSTRUCTIONS: Unless a Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: <b>CORNELL UNIVERSITY ILR</b>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>16 East 34th Street, 6th Floor New York, NY 10016</b>	
3a. Employer Representative - Name and Title: <b>Laurie M. Johnson Senior Director Workplace Policy and Labor</b>		3b. Address (if same as 2b - state same): <b>391 Pine Tree Road Ithaca, NY 14850</b>	
3c. Tel. No. <b>607-255-6866</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>LMJ6@cornell.edu</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.): <b>University</b>		4b. Principal Product or Service <b>Education</b>	5a. City and State where unit is located: <b>New York, NY</b>
5b. Description of Unit Involved: Included: <b>All full-time and regular part-time non-academic program employees</b> Excluded: <b>All other employees, including guards and supervisors as defined in the Act</b>			6a. Number of Employees in Unit: <b>18</b> 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>07/06/18</b> and Employer declined recognition on or about (Date) <b>no reply</b> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) <b>NONE</b>		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <b>No</b> If so, approximately how many employees are participating? <b>has picketed the Employer since (Month, Day, Year)</b>			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>In person, manual election at employee's work location</b>			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): <b>July 25, 2018</b>		11c. Election Time(s): <b>9:30 am to 10:30 am</b>	11d. Election Location(s): <b>16 East 34th Street, New York, NY 10016</b>
12a. Full Name of Petitioner (including local name and number): <b>Communication Workers of America (CWA) Local 1101</b>		12b. Address (street and number, city, State and ZIP code): <b>350 West 31st Street, 2nd Floor New York, NY 10001</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>COMMUNICATION WORKERS OF AMERICA</b>			
12d. Tel. No. <b>212-344-2515</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address <b>JUL 11 2018</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: <b>Bruce J. Cooper, Attorney</b> 13b. Address (street and number, city, State and ZIP code): <b>Pitta LLP, 120 Broadway, 28th Floor New York, NY 10271</b> BY: .....			
13c. Tel. No. <b>212-652-3727</b>	13d. Cell No.	13e. Fax No. <b>212-652-3892</b>	13f. E-Mail Address <b>bcooper@pittalaw.com</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Bruce J. Cooper</b>	Signature 	Title <b>Attorney</b>	Date <b>07/10/18</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-224151</b>	Date Filed <b>7-23-18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Hetrick-Martin Institute		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2 Astor Place, New York, NY 10003	
<b>3a. Employer Representative - Name and Title</b> Trade Stevens, Senior Dir. of People, Talent and Culture		<b>3b. Address (if same as 2b - state same)</b> same	
<b>3c. Tel. No.</b> 212-674-2400 x235	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> tstevens@hmi.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> youth center		<b>4b. Principal product or service</b> health and human services	
<b>4c. City and State where unit is located:</b> New York, NY		<b>5a. No. of Employees in Unit:</b> Approximately 45	
<b>5b. Description of Unit Involved</b> Included: All full time and regular part time, including per diem, employees employed by the Employer at its facility located at 6 Astor Place, New York, NY. Excluded: All guards and supervisors as defined in the Act.		<b>5c. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (if no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)**  
N/A

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> 8/15/18	<b>11c. Election Time(s):</b> 12 pm - 3 pm	<b>11d. Election Location(s):</b> Family room of the Employer's facility
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**12a. Full Name of Petitioner (including local name and number)**  
1199 SEIU United Healthcare Workers East

**12b. Address (street and number, city, state, and ZIP code)**  
330 West 42nd Street, 15th Floor, NY, NY 10036 attn: Leigh Howard

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Service Employees International Union

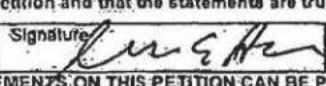
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> leigh.howard@1199.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Jessica E. Harris, Esq.	<b>13b. Address (street and number, city, state, and ZIP code)</b> Gladstein, Reif, & Meglinski, LLP, 517 Broadway, 6th Floor, New York, NY 10003
---	--

<b>13c. Tel. No.</b> 212-228-7727	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-228-7654	<b>13f. E-Mail Address</b> jharris@grmny.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Jessica E. Harris	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 7/23/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**RECEIVED**  
JUL 23 2018



**ORIGINAL**

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	02-RC-224892
Date Filed	8/3/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer The 76 Madison Ave Condo		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 76 Madison Avenue New York, NY 10016	
3a. Employer Representative - Name and Title Tom Doran, Property Manager		3b. Address (if same as 2b - state same) 257 Park Avenue Suite 303 New York, NY 10010	
3c. Tel. No. 212-753-2329	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tdoran@solstice.us.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	
5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors, including superintendents		5a. City and State where unit is located: New York, NY 10011	
		6a. No. of Employees in Unit: 5	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): nearest Thursday	11c. Election Time(s): 2:30 pm- 3:30 pm	11d. Election Location(s): Staff room in basement
12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ		12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
SEIU LOCAL 32BJ

12d. Tel No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Katchen Locke, Attorney		13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011	
13c. Tel No. 212 539 2941	13d. Cell No.	13e. Fax No.	13f. E-Mail Address Klocke@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Katchen Locke	Signature 	Title Attorney	Date 8-1-18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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RECEIVED  
NLRB  
REGION 2

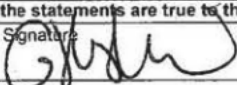
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
02-RC-225334Date Filed  
8/9/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Affineco llc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 750 E Main Street Suite 520 Stamford, CT 06902	
<b>3a. Employer Representative - Name and Title:</b> Eddie Lema		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 203 542 0450	<b>3d. Cell No.</b> 203 542 0290	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Building Maintenance		<b>4b. Principal Product or Service</b> Cleaning	
<b>5a. City and State where unit is located:</b> Yonkers NY		<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full and part time cleaners working at 73 Market Street Yonkers, NY 10710 <b>Excluded:</b> All full time and part time guards, supervisors, office clerical as defined by the act.	
<b>6a. Number of Employees in Unit:</b> 11		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 8/6/2018 <b>and Employer declined recognition on or about (Date)</b> (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> ASAP		<b>11c. Election Time(s):</b> 5pm-7pm	
<b>11d. Election Location(s):</b> Meeting room 73 Market Street Yonkers NY			
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 713 I.B.O.T.U., U.M.D., I.L.A., AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 400 Garden City Plaza Suite 106 Garden City, NY 11530	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of trade unions, United Marine Division, International Longshoremen Association, AFL-CIO			
<b>12d. Tel. No.</b> 516 741-5564	<b>12e. Cell No.</b> 347 684 9738	<b>12f. Fax No.</b> 516 741 2358	<b>12g. E-Mail Address</b> local713@optonline.net
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Gramen Shoshi Business Agent		<b>13b. Address (street and number, city, State and ZIP code):</b> 400 Garden City Plaza Suite 106 Garden City, NY 11530	
<b>13c. Tel. No.</b> 516 741 5564	<b>13d. Cell No.</b> 347 684 9738	<b>13e. Fax No.</b> 516 741 2358	<b>13f. E-Mail Address</b> local713@optonline.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Gramen Shoshi		<b>Signature</b> 	<b>Title</b> Business Agent
		<b>Date</b> 8/6/2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
02-RC-225405	8/10/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Trustees of Columbia University in the City of New York		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 116th St. and Broadway, New York, NY 10027	
<b>3a. Employer Representative - Name and Title</b> Lee Bollinger, President		<b>3b. Address</b> (If same as 2b - state same) 202 Low Library, Columbia University, New York, NY 10027	
<b>3c. Tel. No.</b> (212) 854-9970	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> bollinger@columbia.edu
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) University		<b>4b. Principal product or service</b> Research	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All postdoctoral researchers who have received a doctorate or its professional equivalent who provide services to the university. Including Postdoctoral Research Scientists/Scholars, Postdoctoral Research Fellows, Associate Research Scientists/Scholars or anyone with substantially equivalent qualifications who conducts similar work at all of the employers' facilities. <b>Excluded:</b> All other employees, guards and supervisors as defined in the Act.		<b>5a. City and State where unit is located:</b> New York, NY	
<b>6a. No. of Employees in Unit:</b> 2,000		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>08/10/2018</u> and Employer declined recognition on or about <u>no reply</u> (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state) None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> September 12-13, 2018	<b>11c. Election Time(s):</b> 9am-8pm	<b>11d. Election Location(s):</b> Morningside, Medical Center, Lamont-Doherty, Nevis, Manhattanville	
<b>12a. Full Name of Petitioner (including local name and number)</b> Columbia Postdoctoral Workers and United Automobile, Aerospace and Agricultural Implement Workers of America (CPW-UAW)		<b>12b. Address (street and number, city, state, and ZIP code)</b> 256 W. 38th St., 12th floor, New York, NY 10018	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW)			
<b>12d. Tel No.</b> (313) 926-5000	<b>12e. Cell No.</b> (206) 390-4265	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> klang@uaw.net
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Kenneth Lang, International Representative, UAW		<b>13b. Address (street and number, city, state, and ZIP code)</b> 256 W. 38th St., 12th floor, New York, NY 10018	
<b>13c. Tel No.</b> (206) 390-4265	<b>13d. Cell No.</b> (206) 390-4265	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> klang@uaw.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Kenneth Lang	<b>Signature</b> 	<b>Title</b> International Representative, UAW	<b>Date</b> 08/10/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Section 5b. Description of Unit Involved

**INCLUDED:** All postdoctoral researchers who have received a doctorate or its professional equivalent who provide services to the university. Including Postdoctoral Research Scientists/Scholars, Postdoctoral Research Fellows, Associate Research Scientists/Scholars or anyone with substantially equivalent qualifications who conducts similar work at all of the employers' facilities.

**EXCLUDED:** All other employees, guards and supervisors as defined in the Act

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-227006

Date Filed

9-7-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> The New School		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 72 5th Avenue, New York, NY 10011	
<b>3a. Employer Representative - Name and Title:</b> Keila Tennent		<b>3b. Address (if same as 2b - state same):</b> 80 5th Avenue, New York, NY 10011	
<b>3c. Tel. No.</b> 212-229-5432	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> tennentk@newschool.edu
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> University		<b>4b. Principal Product or Service</b> Higher Education	
<b>5a. City and State where unit is located:</b> New York City, NY		<b>5b. Description of Unit Involved:</b> Included: Student Healthcare Services Providers- please see attached list Excluded:	
<b>6a. Number of Employees in Unit:</b> 19		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>September 4, 20</u> and Employer declined recognition on or about (Date) <u>no decision made</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b> None	
<b>8c. Tel. No.</b> None	<b>8d. Cell No.</b> None	<b>8e. Fax No.</b> None	<b>8f. E-Mail Address</b> None
<b>8g. Affiliation, if any:</b> N/A		<b>8h. Date of Recognition or Certification</b> N/A	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> None			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b> None		<b>10b. Address</b> None	
<b>10c. Tel. No.</b> None		<b>10d. Cell No.</b> None	
<b>10e. Fax No.</b> None		<b>10f. E-Mail Address</b> None	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <u>We would prefer an in-person election at the worksite</u>			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> September 24, 3028		<b>11c. Election Time(s):</b> 9 am - 5pm	
<b>11d. Election Location(s):</b> 80 5th Avenue, 3rd Floor, NY, NY 10011			
<b>12a. Full Name of Petitioner (including local name and number):</b> Intl. Union United Auto Workers and Local 7902		<b>12b. Address (street and number, city, State and ZIP code):</b> 256 W. 38th Street, Suite 702, New York, NY 10018	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union United Automobile, Aerospace and Agricultural Implement Workers of America			
<b>12d. Tel. No.</b> 212-529-2580	<b>12e. Cell No.</b> N/A	<b>12f. Fax No.</b> 212-529-1986	<b>12g. E-Mail Address</b> ahammersmith@uaw.net
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Emily Barnett		<b>13b. Address (street and number, city, State and ZIP code):</b> 256 W. 38th Street, Suite 702, New York, NY 10018	
<b>13c. Tel. No.</b> 212-432-2120	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> uaw7902@gmail.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Amy Hammersmith	<b>Signature</b> 	<b>Title</b> International Servicing Represen	<b>Date</b> 09/07/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

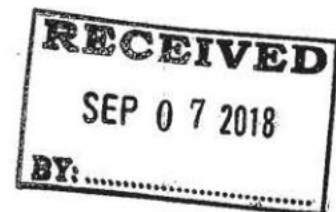
## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**Section 5B Description of Unit Involved**

*All full-time and regular part-time*  
**Included:** All providers of healthcare services to students at the New School such as therapists, counselors, nurses, midwives, doctors, and including LCSWs, MDs, PhDs, RPA-Cs, RNs, MPHs, RDNs, PsyDs, CNMs, and MCHESs and anyone with substantially equivalent qualifications who conducts similar work at all the employer's facilities.

**Excluded:** All other employees, guards and supervisors as defined in the Act.





UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
REVISED RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
02-RC-228305Date Filed  
9/28/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Special Citizens Futures Unlimited

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
Please see attached.

**3a. Employer Representative - Name and Title:**  
Jessica Zufall-Guberman (CEO)

**3b. Address (if same as 2b - state same):**  
1775 Grand Concourse  
Bronx, NY

**3c. Tel. No.**  
718-885-4630

**3d. Cell No.**

**3e. Fax No.**  
917-801-0321

**3f. E-Mail Address**  
Jessica.guberman@specialcitizens.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Residential & day programs

**4b. Principal Product or Service**  
residential & habilitative services

**5a. City and State where unit is located:**  
Bronx, NY

**5b. Description of Unit Involved:**  
**Included:**  
Please see attached.

**6a. Number of Employees in Unit:**  
120

**Excluded:**  
Please see attached.

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date)** \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**  
None

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:

**11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Please see attached

**11c. Election Time(s):**  
Please see attached

**11d. Election Location(s):**  
Please see attached

**12a. Full Name of Petitioner (including local name and number):**  
Local 888, United Food and Commercial Workers Union

**12b. Address (street and number, city, State and ZIP code):**  
160 East Union Avenue  
East Rutherford, NJ 07073

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
United Food and Commercial Workers International Union

**12d. Tel. No.**  
(914) 668-8881

**12e. Cell No.**

**12f. Fax No.**  
(914) 668-8480

**12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Steven H. Kern, Attorney

**13b. Address (street and number, city, State and ZIP code):**  
Barnes, Iaccarino & Shepherd, LLP 258 Saw Mill River Road,  
Elmsford, NY 10523

**13c. Tel. No.**  
(914) 592-1515

**13d. Cell No.**

**13e. Fax No.**  
(914) 592-3213

**13f. E-Mail Address**  
skern@bislawfirm.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Steven H. Kern

**Signature**

**Title**  
Attorney

**Date**  
09/28/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**RC Petition – Local 888, UFCW - Special Citizens Futures Unlimited**

**#3. Addresses of Establishments involved.**

Employer name

Employer's email: [Jessica.guberman@specialcitizens.org](mailto:Jessica.guberman@specialcitizens.org)

Special Citizens Futures Unlimited

1775 Grand Concourse

Bronx NY 10453

4th & 8th Floor

Bargaining unit locations (Day Hab & Residential Homes)

Bronx Day Habilitation

1775 Grand Concourse 4th Fl

Bronx NY 10453

Spectrum Space Day Habilitation

500 Executive Blvd Suite 147

Elmsford NY 10523

Cortlandt Hills Group Home

106 Watch Hill

Cortlandt Manor, NY 10567

David Zatlow Residence

5431 Fieldston Road

Riverdale, NY 10471

J. Decemente Group Home

5757 Independence Avenue

Riverdale, NY 10471

Grace Cavanagh Residence

5115 Tibbett Avenue

Riverdale, NY 10471

259th street Apartments

442 West 259th Street

Riverdale NY 10471

261st Apartments

251 West 261st Street

Bronx, NY 10471

Faraday Apartments  
5743 Faraday Avenue  
Bronx NY 10471

Delafield Apartments  
6125 & 6129 Delafield Avenue  
Bronx NY 10471

55th Street Apartments  
352 East 55th Street Apt 2A & 3A  
New York, NY 10022

Crosby House  
1538 Crosby Avenue  
Bronx NY 10461

Wellesley House  
39 Wellesley Avenue  
Yonkers, NY 10705

**#5. Unit Involved:**

Included: All full-time and regular part-time direct support professionals, health care coordinator, senior DSP, shift supervisor, senior shift supervisor, day hab specialists, maintenance.

Excluded: All other employees including house managers, office clerical employees, guards and supervisors as defined in the Act.

---

**#11, 11b and 11c and 11d – Election Details**

Bronx Day Habilitation  
1775 Grand Concourse 4th Fl  
Bronx NY 10453

**\*Voting Poll 8am-11am; 3pm-6pm \***

Spectrum Space Day Habilitation  
500 Executive Blvd Suite 147  
Elmsford NY 10523

**\*Voting Poll 8am-11am; 3pm-6pm \***



Cortlandt Hills Group Home  
106 Watch Hill  
Cortlandt Manor, NY 10567  
**\*Voting Poll 6am-11am; 3pm-8pm\***

David Zatlow Residence  
5431 Fieldston Road  
Riverdale, NY 10471  
**\*Voting Poll 6am-11am; 3pm-8pm\***

J. Decemente Group Home  
5757 Independence Avenue  
Riverdale, NY 10471  
**\*Voting Poll 6am-10am; 3pm-8pm\***

Delafield Apartments  
6125 & 6129 Delafield Avenue  
Bronx NY 10471  
**\*Voting Poll 6am-11am; 3pm-8pm\***

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **02-RC-228410** Date Filed **10-2-18**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer** Hubert Street Condominium **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** 7 Hubert Street, New York, NY 10013

**3a. Employer Representative - Name and Title** Afrim Pocesta **3b. Address (if same as 2b - state same)** 666 Broadway 12th Floor New York NY 10012

**3c. Tel. No.** 2125295688 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address** apocesta@andrewsbc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Residential building **4b. Principal product or service** Building services **5a. City and State where unit is located:** New York, NY 10005

**6b. Description of Unit Involved**  
**Included:** all building service workers  
**Excluded:** statutory supervisors and guards  
**6a. No. of Employees in Unit:** 7  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date)** \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (if no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).** None **8b. Address**

**8c. Tel. No.** **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

**8g. Affiliation, if any** **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name** **10b. Address** **10c. Tel. No.** **10d. Cell No.**  
**10e. Fax No.** **10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):** 10/11/18 **11c. Election Time(s):** 2:30 pm - 3:30 pm **11d. Election Location(s):** Locker Room

**12a. Full Name of Petitioner (including local name and number)** SEIU LOCAL 32BJ **12b. Address (street and number, city, state, and ZIP code)** 25 West 18th Street New York, N.Y. 10011

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** SEIU LOCAL 32BJ

**12d. Tel. No.** 212 388-3800 **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Panos Koutris, Organizer **13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel. No.** **13d. Cell No.** 347-836-3130 **13e. Fax No.** **13f. E-Mail Address** pkoutris@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)** Panos Koutris **Signature** **Title** Organizer **Date** 09/26/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-228951</b>	Date Filed <b>10-11-18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer <b>Halcyon condominium</b>	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>305 east 51st New York, NY 10022</b>		
3a. Employer Representative - Name and Title <b>Tatiana Nizguretsky property manager</b>	3b. Address (if same as 2b - state same) <b>600 Madison ave New York NY 10022</b>		
3c. Tel. No. <b>212 897 2101</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>Tnizguretsky@hfzpm.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Residential building</b>	4b. Principal product or service <b>Building services</b>	5a. City and State where unit is located: <b>New York, NY 10013</b>	
5b. Description of Unit Involved <b>Included: All building service workers</b> <b>Excluded: Statutory guards and supervisors, including superintendents</b>			6a. No. of Employees in Unit: <b>13</b> 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
--	---

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>None</b>	8b. Address		
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any	8h. Date of Recognition or Certification		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? <b>NO</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <b>None</b>			

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>nearest Thursday</b>	11c. Election Time(s): <b>230 to 330 pm</b>	11d. Election Location(s): <b>building lounge in cellar</b>	
12a. Full Name of Petitioner (Including local name and number) <b>SEIU LOCAL 32BJ</b>		12b. Address (street and number, city, state, and ZIP code) <b>25 West 18th Street New York, N.Y. 10011</b>	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>SEIU LOCAL 32BJ</b>			
12d. Tel No. <b>212 388-3800</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>Katchen Locke, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>25 W. 18th Street, New York, NY, 10011</b>	
13c. Tel No. <b>212 539 2941</b>	13d. Cell No.	13e. Fax No.	13f. E-Mail Address <b>Klocke@seiu32bj.org</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Katchen Locke</b>	Signature <i>[Signature]</i>	Title <b>Attorney</b>	Date <b>10-5-18</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**RECEIVED**

**OCT 11 2018**

BY: .....



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

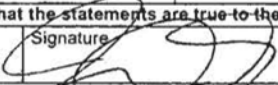
02-RC-229616

Date Filed

10-19-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> New York Presbyterian Hudson Valley Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1980 Crompond Rd, Cortlandt Manor, NY 10567	
<b>3a. Employer Representative - Name and Title:</b> Stacey Petrower, President		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 914-734-3240	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> smp7001@nyp.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital		<b>4b. Principal Product or Service</b> Health care	<b>5a. City and State where unit is located:</b> Cortlandt Manor, NY
<b>5b. Description of Unit Involved:</b> Included: See attached. Excluded:			<b>6a. Number of Employees in Unit:</b> 260
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> N/A <b>and Employer declined recognition</b> on or about (Date) N/A (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: See attached.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
<b>12a. Full Name of Petitioner (including local name and number):</b> New York State Nurses Association		<b>12b. Address (street and number, city, State and ZIP code):</b> 131 West 33rd Street, 4th Floor, New York, NY 10001	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> None			
<b>12d. Tel. No.</b> 212-785-0157	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Wendy LaManque, Counsel to NYSNA		<b>13b. Address (street and number, city, State and ZIP code):</b> Cohen, Weiss and Simon LLP, 900 3rd Avenue, 21st Floor, NY, NY 10022	
<b>13c. Tel. No.</b> 212-356-0211	<b>13d. Cell No.</b> 315-761-9536	<b>13e. Fax No.</b> 646-473-8211	<b>13f. E-Mail Address</b> wlamanque@cwsny.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> WENDY M. LAMANQUE		<b>Signature</b> 	<b>Title</b> COUNSEL TO NYSNA
		<b>Date</b> 10/19/18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**5b. Description of Unit Involved:**

**Included:** All full-time, regular part-time and per diem Registered Nurses performing direct patient care duties.

**Excluded:** All other employees, including Nurse Educators, Nurse Practitioners, Employee Health Nurse Practitioners, Quality Assurance, Case Managers, Lactation Consultants, Operating Room Coordinators, Infection Control, Clinical Nurse Managers, Assistant Clinical Nurse Managers, supervisors, security guards, and all other managerial/confidential employees as defined by the Act.

**11b. Election Date:** Thursday, November 8, 2018

**11c. Election times:** 6:00 a.m.-9:00 a.m.; 11:00 a.m.-2:00 p.m.; 6:00 p.m.-9:00 p.m.

**11d. Election location:** 1980 Crompond Rd, Cortlandt Manor, NY 10567 (Main Hospital Campus), Ground Floor Conference Room.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-229778</b>	Date Filed <b>10/23/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Isabella Geriatric Center</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>515 Audubon Avenue, New York, NY 10040</b>	
3a. Employer Representative - Name and Title <b>Mary DiGangi, Assistant V.P., Human Resources</b>		3b. Address (If same as 2b - state same) <b>same</b>	
3c. Tel. No. <b>(212) 342-9590</b>	3d. Cell No. <b>(917) 796-3891</b>	3e. Fax No. <b>(212) 927-4592</b>	3f. E-Mail Address <b>MDigangi@isabella.org or @mjhs.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Nursing Home</b>		4b. Principal product or service <b>Healthcare</b>	
5a. City and State where unit is located: <b>New York, NY</b>		5b. Description of Unit Involved <b>Included: see attached</b> <b>Excluded: see attached</b>	
6a. No. of Employees in Unit: <b>12</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **Friday November 16, 2018**  
11c. Election Time(s): **3:30 p.m. to 5 p.m.**  
11d. Election Location(s): **Classroom in the Education Building**

12a. Full Name of Petitioner (Including local name and number)  
**1199SEIU United Healthcare Workers East**  
12b. Address (street and number, city, state, and ZIP code)  
**310 West 43rd Street, New York, NY 10036**

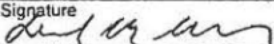
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**Service Employees International Union**

12d. Tel No. <b>(212) 582-1890</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>David Slutsky, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>Lavy Ratnor, P.C., 80 Elghth Avenue, 8th Floor, New York, NY 10011</b>	
13c. Tel No. <b>(212) 627-8100</b>	13d. Cell No.	13e. Fax No. <b>(212) 627-8182</b>	13f. E-Mail Address <b>dslutsky@levyratnor.com</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>David Slutsky</b>	Signature 	Title <b>Attorney</b>	Date <b>10/23/18</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**RECEIVED**  
**OCT 23 2018**  
**BY: .....**



**ATTACHMENT TO RC-PETITION –RESPIRATORY THERAPISTS**

**5b. Description of the Unit Involved**

**Included:** All full-time and regular part-time<sup>1</sup> Respiratory Therapists as residuals to the existing 1199-represented bargaining unit.

**Excluded:** All other employees of the Employer, guards and supervisors as defined in Section 2(11) of the Act.

1. Employees who worked an average of four (4) or more hours per week over the preceding thirteen (13) week period shall be eligible to vote in the election.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-230045	Date Filed 10-29-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Hudson Valley Early Childhood Learning Center c/o Hudson Valley State		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 15 Mount Ebo Rd S Ste 1 NY Brewster 10509-4090	
<b>3a. Employer Representative - Name and Title</b> Howard Yager		<b>3b. Address</b> (if same as 2b - state same) 15 Mount Ebo Rd S Ste 1 NY Brewster 10509-4090	
<b>3c. Tel. No.</b> (845) 878-9078	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (845) 878-3203	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Others		<b>4b. Principal product or service</b> Education	
		<b>5a. City and State where unit is located:</b> Brewster, NY	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 34
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 10/31/2018	<b>11c. Election Time(s):</b> 12:00 PM to 1:00 PM	<b>11d. Election Location(s):</b> The Blue Room/Gym 15 Mont Ebo Road South, Brewster, NY 10509
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**12a. Full Name of Petitioner (including local name and number)**  
Daniel Esakoff  
Hudson Valley Early Childhood Center United, New York State United Teachers/AFT/NEA/AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**  
520 White Plains Rd Ste 400  
NY Tarrytown 10591-9159

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
American Federation of Teachers/American Federation of Labor-Congress of Industrial Organizations

<b>12d. Tel No.</b> (917) 734-8275	<b>12e. Cell No.</b> (917) 734-8275	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> desakoff@nysutmail.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Daniel Esakoff	<b>Signature</b> Daniel Esakoff	<b>Title</b> Organizer	<b>Date</b> 10/28/2018 18:14:53
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

**DO NOT WRITE IN THIS SPACE**

Case

Date Filed

**Employees Included**

All full time and regularly employed part time teachers (including art, music, special education, substitute, and toddler), childcare providers, group leaders, fitness specialists, speech language pathologists/therapists, occupational therapists, psychologists, receptionists, and teacher assistants/aides (including 1 to 1 aides)

**Employees Excluded**

All other employees, including supervisors and guards as defined in the Act.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

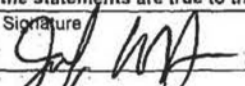
02-RC-230328

Date Filed

10-30-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Bronx Global Learning Institute for Girls		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 750 Concourse Village West, Lower Level, Bronx, New York 10451	
<b>3a. Employer Representative - Name and Title:</b> Brimania Matalon, Business Manager		<b>3b. Address (if same as 2b - state same):</b> 750 Concourse Village West, Lower Level, Bronx, New York 10451	
<b>3c. Tel. No.</b> 718-993-1740	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> K-8 Charter School		<b>4b. Principal Product or Service</b> Education	<b>5a. City and State where unit is located:</b> Bronx, New York
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Please see attached addendum. <b>Excluded:</b> Please see attached addendum.			<b>6a. Number of Employees in Unit:</b> 54
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/29/18 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None.		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None.			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
			<b>10e. Fax No.</b>
			<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 11/6/18		<b>11c. Election Time(s):</b> 10:30 a.m. to 2:15 p.m.	
		<b>11d. Election Location(s):</b> Teacher Lounge	
<b>12a. Full Name of Petitioner (including local name and number):</b> United Federation of Teachers, Local 2, AFT, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 52 Broadway, New York, New York 10004	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> American Federation of Teachers, AFL-CIO			
<b>12d. Tel. No.</b> 212-777-7500	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Jennifer A. Hogan (of Counsel to Robert Reilly)		<b>13b. Address (street and number, city, State and ZIP code):</b> 52 Broadway, 9th Floor, New York, New York 10004	
<b>13c. Tel. No.</b> 212-228-3382 x. 131	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-228-9253	<b>13f. E-Mail Address</b> jhogan@nysutmail.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Jennifer A. Hogan		<b>Signature</b> 	<b>Title</b> Attorney
			<b>Date</b> 10/29/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will

## **ADDENDUM TO RC PETITION**

### **5b. Description of unit involved**

#### **Included:**

All employees in the following titles: teacher, guidance counselor, special education coordinator, literacy intervention, mathematics intervention, school culture advisor, dean of culture, special education teacher, AIS teacher, instructional coach, teacher assistant, literacy coach, physical education teacher.

#### **Excluded:**

All other employees, including supervisors.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	02-RC-230371
Date Filed	11/1/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer DGC Operations LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3330 RT 6, Middletown, New York 10940	
3a. Employer Representative - Name and Title Ben Stanley - Plant Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 845-378-1900	3d. Cell No. 845-649-8300	3e. Fax No. 845-378-1879	3f. E-Mail Address b.stanley@dgc-ops.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) power plant		4b. Principal product or service energy	
5b. Description of Unit Involved Included: All full time and regular part time IC&E Techs, Maintenance Mechanics, Lead Operators, OpTech1s, Op Tech2s Excluded: All office clerical employees, professional employees, guards and supervisors under the Act			5a. City and State where unit is located: Middletown, New York
			6a. No. of Employees in Unit: 16
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/01/18 and Employer declined recognition on or about no reply (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved?                      If so, approximately how many employees are participating?                       
(Name of labor organization)                     , has picketed the Employer since (Month, Day, Year)                     

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): November 19th, 2018	11c. Election Time(s): 6:00am to 9:00am	11d. Election Location(s): Conference room at the facility
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 30		12b. Address (street and number, city, state, and ZIP code): 16-16 Whitestone Expressway, Whitestone, New York	

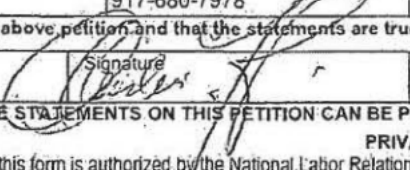
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Operating Engineers

12d. Tel No. 917-680-7978	12e. Cell No. 917-680-7978	12f. Fax No. 718-805-2172	12g. E-Mail Address andrespuerta@iuoelocal30.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Andres Puerta   Director of Special Projects		13b. Address (street and number, city, state, and ZIP code): 16-16 Whitestone Expressway, Whitestone, New York 11357	
13c. Tel No. 917-680-7978	13d. Cell No. 917-680-7978	13e. Fax No. 718-805-2172	13f. E-Mail Address andrespuerta@iuoelocal30.org

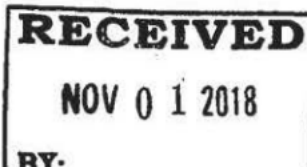
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Andres Puerta	Signature 	Title Director of Special Projects	Date 11/01/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.





UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-230433</b>	Date Filed <b>11/5/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> ACV Enviro		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1106 River Rd NY New Windsor 12553-6728	
<b>3a. Employer Representative - Name and Title</b> Richard Ziskin Esq.		<b>3b. Address (if same as 2b - state same)</b> 6268 Jericho Tpke, Suite 12A NY Commack 11725-	
<b>3c. Tel. No.</b> (631) 462-1417	<b>3d. Cell No.</b> (516) 965-3183	<b>3e. Fax No.</b> (631) 462-1486	<b>3f. E-Mail Address</b> richard@ziskinlawfirm.com

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b>	<b>4b. Principal product or service</b>	<b>5a. City and State where unit is located:</b> New Windsor, NY
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<b>5b. Description of Unit Involved</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>NOV 05 2018</b>   <b>BY: .....</b> </div>	<b>6a. No. of Employees in Unit:</b> 5
<b>Included:</b> See Attached Page 2 for additional details			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details			

**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
 (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> November 26, 2018	<b>11c. Election Time(s):</b> 5:00 a.m. - 7:00 a.m.; 5:00 p.m. to 7:00 p.m.	<b>11d. Election Location(s):</b> 1106 River Road, New Windsor, NY 12553
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<b>12a. Full Name of Petitioner (including local name and number)</b> Kevin Young International Union of Operating Engineers Local 825	<b>12b. Address (street and number, city, state, and ZIP code)</b> 65 Springfield Avenue Third Floor NJ Springfield 07081-
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<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Union of Operating Engineers
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<b>12d. Tel No.</b> (732) 713-5049	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> kyoung@iuoe825.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Daniel C Stark Esq. Attorney DeCotiis FitzPatrick Cole & Giblin LLP		<b>13b. Address (street and number, city, state, and ZIP code)</b> 500 Frank W. Burr Blvd. Suite 31 NJ TEANECK 07666-	
<b>13c. Tel No.</b> (201) 347-2129	<b>13d. Cell No.</b> (201) 213-0458	<b>13e. Fax No.</b> (201) 928-0588	<b>13f. E-Mail Address</b> dastark@decotiislaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Daniel C Stark Esq.	<b>Signature</b> Daniel Stark	<b>Title</b> Attorney	<b>Date</b> 11/4/2018 11:23:40
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case <b>02-RC-230433</b>	Date Filed <b>11/5/18</b>

**Employees Included**

Field Technicians, Operators, Drivers, Workings Supervisors, Working Foremen,  
Mechanics

**Employees Excluded**

Office clerical employees, managerial employees, guards, supervisors, and  
professional employees as denied by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-230526

Date Filed

11-2-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Breaking Ground, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

505 8th Avenue, New York, N.Y. 10018

3a. Employer Representative - Name and Title

Shanna Wertheimer, Manager

3b. Address (If same as 2b - state same)

133 Pitt Street, New York, NY 10002

3c. Tel. No.

212-389-9382

3d. Cell No.

N/A

3e. Fax No.

N/A

3f. E-Mail Address

N/A

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Residential Building, Mental Disable

4b. Principal product or service

Building Maintenance

5a. City and State where unit is located:

New York, N.Y.

5b. Description of Unit Involved

Included: Porters, Handymans and Engineers.

Excluded: Security, Office Staff and Supervisors

6a. No. of Employees in Unit:

7

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 10-19-2018 and Employer declined recognition on or about No Reply (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
11-30-2018

11c. Election Time(s):  
2:00 pm to 4:00 pm

11d. Election Location(s):  
133 Pitt Street, New York, N.Y. 10002

12a. Full Name of Petitioner (including local name and number)  
Teamsters Local 210 - IBT

12b. Address (street and number, city, state, and ZIP code)  
55 Broad Street, 11th Floor, New York, N.Y. 10004

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

12d. Tel No.

N/A

12e. Cell No.

N/A

12f. Fax No.

N/A

12g. E-Mail Address

N/A

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title **Pedro Cardi, Vice President**

13b. Address (street and number, city, state, and ZIP code)  
55 Broad Street, 11th Floor, New York, N.Y. 10004

13c. Tel No.

N/A

13d. Cell No.  
917-657-3511

13e. Fax No.  
212-4599674

13f. E-Mail Address  
jrcardi@aol.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Pedro Cardi

Signature

*Pedro Cardi*

Title

Vice President

Date

10-30-2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

NLRB REGION 2  
RECEIVED  
NOV - 2 PM 3:17  
JALYAN, NY



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-231121</b>	Date Filed <b>11/16/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Apicha Health Care Center</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>400 Broadway, New York, NY 100013</b>	
3a. Employer Representative - Name and Title <b>Karen Bradunas, Director of Human Resources</b>		3b. Address (If same as 2b - state same) <b>same</b>	
3c. Tel. No. <b>646-884-5381</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>kbradunas@apicha.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Community Health Clinic</b>		4b. Principal product or service <b>Health Care</b>	5a. City and State where unit is located: <b>New York, NY</b>

**5b. Description of Unit involved**  
**Included:** All full time and regular part time, including per diem, employees employed by the Employer.  
 To be eligible, employees must have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.  
**Excluded:** All other employees, managerial and confidential employees, guards, and supervisors as defined in the Act.

6a. No. of Employees in Unit:  
Approximately **90**  
 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
 (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)  
**N/A**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): <b>12/5/18</b>	11c. Election Time(s): <b>8:30 am to 10:30 am, 3 pm to 6 pm</b>	11d. Election Location(s): <b>Room 6 in the basement of the Employer's facility</b>
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12a. Full Name of Petitioner (Including local name and number) <b>1199 SEIU United Healthcare Workers East</b>	12b. Address (street and number, city, state, and ZIP code) <b>330 West 42nd Street, 15th Floor, NY, NY 10036 attn: Rafael Justo</b>
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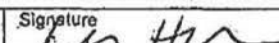
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**Service Employees International Union**

12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address <b>rafael.justo@1199.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Jessica E. Harris, Esq.</b>		13b. Address (street and number, city, state, and ZIP code) <b>Gladstein, Reif, &amp; Meginniss, LLP, 817 Broadway, 6th Floor, New York, NY 10003</b>	
13c. Tel No. <b>212-228-7727</b>	13d. Cell No.	13e. Fax No. <b>212-228-7654</b>	13f. E-Mail Address <b>jharris@grmny.com</b>

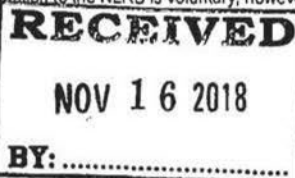
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Jessica E. Harris</b>	Signature 	Title <b>Attorney</b>	Date <b>11/16/18</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
2-RC-231626Date Filed  
11/27/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
USIC/RECONN**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
100 Marcus Blvd. Suite 3 Hauppauge, NY 11788**3a. Employer Representative - Name and Title:**  
Christa Harrel VP HR**3b. Address (if same as 2b - state same):**  
same as above**3c. Tel. No.**  
800-262-8600**3d. Cell No.****3e. Fax No.**  
631-328-0249**3f. E-Mail Address****4a. Type of Establishment (Factory, mine, wholesaler, etc.)****4b. Principal Product or Service****5a. City and State where unit is located:****5b. Description of Unit Involved:**Included:  
Utility Gas ContractorExcluded:  
Clerical, Supervisors, and Guards Personnel**6a. Number of Employees in Unit:**  
87**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
None**8b. Address:****8c. Tel. No.****8d. Cell No.****8e. Fax No.****8f. E-Mail Address****8g. Affiliation, if any:****8h. Date of Recognition or Certification****8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**  
None**10b. Address****10c. Tel. No.****10d. Cell No.****10e. Fax No.****10f. E-Mail Address****11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:**11a. Election Type:**☒ Manual ☐ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**

Any Monday through Friday

**11c. Election Time(s):**

9:00AM through 3 PM

**11d. Election Location(s):**

TBA. The group meets in public parks in NY

**12a. Full Name of Petitioner (including local name and number):**

Robert Mahoney Utility Workers Union of America

**12b. Address (street and number, city, State and ZIP code):**

217 Ponderosa Dr Hanover, MA 02339

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):****12d. Tel. No.****12e. Cell No.**

781-858-1972

**12f. Fax No.****12g. E-Mail Address****13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.****13a. Name and Title:**

Robert Mahoney Director UWUA

**13b. Address (street and number, city, State and ZIP code):****13c. Tel. No.****13d. Cell No.**

781-858-1972

**13e. Fax No.****13f. E-Mail Address****I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.****Name (Print)**

ROBERT MAHONEY

**Signature**

Robert Mahoney

**Title**

Director UWUA

**Date**

11/23/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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